



CITY OF ATLANTA  
DEPARTMENT OF FINANCE | OFFICE OF REVENUE | BUSINESS TAX DIVISION  
55 TRINITY AVENUE, S.W. – SUITE 1350  
ATLANTA, GEORGIA 30303  
PHONE: (404) 330-6270 | WEB: [WWW.ATL311.COM](http://WWW.ATL311.COM)

### **FINAL/CLOSE FORM**

This form is used to finalize/close an existing City of Atlanta business license. When a business is sold, closed or moved out of the City of Atlanta, the Business Tax Division must be notified.

#### **PLEASE NOTE:**

- If business was conducted after the business license expiration date (December 31), the license must be renewed.
- A business license is NOT transferable. You must final/close your business license if you change ownership. New ownership must apply for a new business license.
- Failing to renew your business license will not close out the business license account.
- If the owner is deceased, you must provide government issued death certificate.
- Federal and State full schedule tax returns are required for last year of operation

Legal Business Name/DBA: \_\_\_\_\_ Business License #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Final Date of Business Operation in the City of Atlanta \_\_\_\_\_

Actual Gross Revenue for the number of months in business generated in Georgia \_\_\_\_\_

Number of (equivalent) full time employees \_\_\_\_\_

If your business was sold, provide the Name, Address and Contact Information of New Owner \_\_\_\_\_  
\_\_\_\_\_

If the owner is deceased, please list date of death: \_\_\_\_\_

**Attach a copy of the government issued death certificate.**

Does this business hold an alcohol license? YES ( ) NO ( )

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#### **ACKNOWLEDGEMENT AND CONFIRMATION**

I declare under penalty of making false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct and complete statement made in good faith. It is understood that the closing of this account shall in no way relieve the owners of this business from any taxes due the City currently, or in the future, from being paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Revised 12/17**